



I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

RCE  
1614  
JRW

By: Helene Gabel

Date: September 20, 2005

MAIL STOP RCE

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Patent Application of: :  
Frederick H. Hausheer :  
Conf. No.: 3276 : Group Art Unit: 1614  
Appln. No.: 10/002,526 : Examiner: Phyllis G. Spivack  
Filing Date: October 26, 2001 : Attorney Docket No.: 066131-30US  
Title: METHOD FOR TREATING PATIENTS FOR RADIATION EXPOSURE

**AFTER FINAL REQUEST FOR CONTINUED EXAMINATION (RCE)  
UNDER 37 C.F.R. 1.114**

This is a request under 37 CFR 1.114 for continued examination (RCE) of the above identified application in response to the Office Action mailed September 28, 2004. Enclosed are the following in support of the RCE under 37 C.F.R. 1.114:

- Enter the unentered Amendment previously filed on \_\_\_\_\_ under 37 CFR 1.116 in the above application.
- An Amendment.
- An Information Disclosure Statement, PTO/SB/08A and cited references.
- New formal drawings.
- A Petition for Extension of Time to September 28, 2005, for the pending application.
- Other: Declaration Under 37 C.F.R. § 1.132 of Steven T. Sonis, D.M.D., D.M.Sc.

The following fees are enclosed:

- RCE fee covering the amount of \$395.00 required under 37 C.F.R. 1.17(e).
- Extension of time fee in the amount of \$795.00.

09/26/2005 EFLORES 00000053 10002526  
01 FC:2801 395.00 0P  
09/26/2005 EFLORES 00000053 10002526  
03 FC:2201 100.00 0P

- Additional claim fees of **\$100.00** for excess claims submitted in the enclosed Amendment, calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
TOTAL	20	(-)	or 20	0	x25	0	x50	
INDEP.	4	(-)	or 3	1	x100	100.00	x200	
<input checked="" type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					+\$180	0	+\$360	
					<b>TOTAL</b>	<b>\$100.00</b>	<b>TOTAL</b>	

- Firm check totaling **\$1,290.00** is enclosed herewith.
- The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-1017 (**Billing No. 066131.0030**) as noted below. A duplicate copy of this sheet is enclosed.
- Any overpayments or deficiencies in the above-calculated fee(s).
- RCE fee in the amount of \$ \_\_\_\_ .00.
- Extension fee in the amount of \$ \_\_\_\_ .00.
- Additional claim fee(s) in the amount of \$ \_\_\_\_ .00 as calculated above.
- Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.
- In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

#### CORRESPONDENCE ADDRESS

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ASN:hg  
 Enclosures